FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/522578 APPLICANT(S)

			.				MS						
	AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER		AFTE	
	IND.	DEP.	IND.	DEP.	, IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	T
1 2	L_		1	/			51						
		- 1	-	/		ļ.——	52						
3		3					53		ļI	·	 		L
4 5		1	-	- /-			54 55				ļi		1_
6		8		/	<u> </u>	 	56						╀
7		(1)	1	/			57						╀
8		Ö		K			58						╀
9		0		\			59					I	╁
0		0			1		60				<u> </u>		十
1		a	./				61						╁
2		9	/				62						†
3			,				63						†
4							64						Ι
5					<u> </u>	<u> </u>	65						Ţ
6				1.	!		66						Ĺ
7					!		67						1
8						 	68	·			 	-	+
9		 		I I	-	 	69 70				 		╀
1		-					71		 		 	}	╀
2				+	 	1-	72				-		╁
3		1	l	 			73		 		 		╁
4			1	1			74				 	1	†
5		1				1	75						†
6							76						T
7							77						Ι
8		<u> </u>					78	<u> </u>					1
9				ļ	!		79	<u> </u>	<u> </u>			<u> </u>	1
0		<u> </u>		 	 	ļ	80	 	ļ			-	╬
1		 		 	 	 	81 82		ļ		 	 	╁
2	 	 		╁──	 	 	83		 		 	 	╁
3		 		 	 	 	84		 		 	1	╅
35	 	 	 	 	1	1	85	 			 	 	†
36		1		1	1.		86 ·		1		<u> </u>		†
37					1		87		1				1
38							88						I
39.							89						1
10					1	<u> </u>	90	ļ	ļ	!	ļ	!	4
11			<u> </u>	1	1	 	91	<u> </u>	<u> </u>	ļ	 	1	+
12		ļ	<u> </u>	 	{	 	92	 	-	 	 	1	+
43	 	 	1	-	 	\	93	1	1	 	1	1	+
14	 	 	 	 	1	 	95	 	 	 	 	1	†
15 16	1	 	1	 	1	1	96	1	1		1	1	†
47	 	 	 	1	1	1	97	 	 	t			J
18	—	1	1	1	1	1	98	F -	1				\int
49	 	1	1	1	1	1	99						\int
50	1						100						ᆚ
AL IND		1		1		•	TOTAL IND		1				
AL DEP		4	11	4		4	TOTAL DE		-	<u> </u>	- Care		14
OTAL			ール		7		CLAIMS						Ħ